Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PATENT APPLICATION FEE DETERMINATION RECORD. Application or Docket Number Filing Date

| Substitute for Form PTO-875  |  |   |   |   |                  |   | 10/584,379                                |                        |                       | 11/2007               | ☐ To be Mailed         |  |
|--|--|---|---|---|------------------|---|---|------------------------|-----------------------|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2)  |  |   |   |   |                  |   | OTHER THAN SMALL ENTITY □ OR SMALL ENTITY |                        |                       |                       |                        |  |
| Н  | FOR  |   | NUMBER FILED  |   | NUMBER EXTRA     |   | RATE (\$)                                 | FEE (\$)               |                       | RATE (\$)             | FEE (\$)               |  |
|  | BASIC FEE<br>(37 CFR 1.16(a), (b),                               | or (c))                                   | N/A   |   | N/A              |   | N/A                                       |                        | ١                     | N/A                   |                        |  |
|  | SEARCH FEE<br>(37 CFR 1 16(k), (i), 4                            |   | N/A   |   | N/A              |   | N/A                                       |                        | ı                     | N/A                   |                        |  |
|  | EXAMINATION FE<br>(37 CFR 1.16(o), (p),                          | Ε   | N/A   |   | N/A              |   | N/A                                       |                        | ı                     | N/A                   |                        |  |
| TO:  | TAL CLAIMS<br>CFR 1.16(i))                                       |   | minus 20 =  |   |                  | 1 | x \$ =                                    |                        | OR                    | x s =                 |                        |  |
|  | EPENDENT CLAIM<br>CFR 1.16(h))                                   | IS  | minus 3 =   |   |                  | 1 | x \$ =                                    |                        | 1                     | X S =                 |                        |  |
|  | APPLICATION SIZE<br>(37 CFR 1.16(s))                             | FEE shee<br>is \$2<br>addit               | If the specification and drawings exceed<br>sheets of paper, the application size fee<br>is \$250 (\$125 for small entity) for each<br>additional 50 sheets or fraction thereof.<br>35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16 |   |                  |   |   |                        |                       |                       |                        |  |
|  | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                |   |   |   |                  |   |   |                        |                       |                       |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.  |  |   |   |   |                  |   | TOTAL                                     |                        | ı                     | TOTAL                 |                        |  |
| APPLICATION AS AMENDED – PART II         OTHER TH/I           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         OR |  |   |   |   |                  |   |   |                        | ER THAN<br>ALL ENTITY |                       |                        |  |
| AMENDMENT  | 02/16/2012   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   | RATE (\$)                                 | ADDITIONAL<br>FEE (\$) |                       | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
|  | Total (37 CFR<br>1.16(i))  | - 20                                      | Minus   | 26  | = 0              | ] | X \$ =                                    |                        | OR                    | X \$60=               | 0                      |  |
| z  | Independent<br>(37 CFR 1.16(h))                                  | · 2                                       | Minus   | 5   | = 0              | 1 | X \$ =                                    |                        | OR                    | X \$250=              | 0                      |  |
| Ā  | Application Size Fee (37 CFR 1.16(s))                            |   |   |   |                  |   |   |                        |                       |                       |                        |  |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii)) |   |   |   |                  |   |   |                        | OR                    |                       |                        |  |
|  |  |   |   |   |                  |   | TOTAL<br>ADD'L<br>FEE                     |                        | OR                    | TOTAL<br>ADD'L<br>FEE | 0                      |  |
|  |  | (Column 1)                                |   | (Column 2)                                  | (Column 3)       |   |   |                        |                       |                       |                        |  |
| AMENDMENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |   | RATE (\$)                                 | ADDITIONAL<br>FEE (\$) |                       | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
|  | Total (37 CFR<br>1,16())   |   | Minus   |   | -                | ] | × \$ =                                    |                        | OR                    | x s =                 |                        |  |
| Σ  | Independent<br>(37 CFR 1 16(h))                                  | *   | Minus   | ***   | -                | ] | X \$ =                                    |                        | OR                    | X \$ =                |                        |  |
| Ų.   | Application S  | ze Fee (37 CFR 1                          | .16(s))   |   |                  | 1 |   |                        | l                     | $\vdash$              |                        |  |
| Ą  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))  |   |   |   |                  | l |   |                        | OR                    |                       |                        |  |
|  |  |   |   |   |                  |   | TOTAL<br>ADD'L<br>FEE                     |                        | OR                    | TOTAL<br>ADD'L<br>FEE |                        |  |
| "If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.  This collection of Information is required by 37 CFR 1.16 in information is required to obtain or retain a brentiff by the public which is to file (and by the USPTO to  |  |   |   |   |                  |   |   |                        |                       |                       |                        |  |

into collection of information is required by 3 of Left 1.16. The information is required to dorain of retain a confirming by interesting the process) an application. Confidentially is governed by 3 of St. 5.1. 22 and 37 of Intel<sup>®</sup> 1.14. This collection is estimated to better 2 intellines to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cell of Information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Ext. 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Ext. 1450, Alexandria, VA 22313-1450.